

ENTISTRY

11 JULY 1949

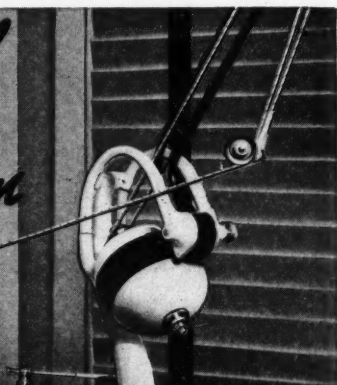
In This Issue:

PATIENTS ARE PEOPLE

View from Doctor H. C. Pollock's Ranch in Colorado
(see page 1071).

HYGIENE

THE *Link*
in Sterilization



JOHNSON'S HANDPIECE STERILIZER OPERATES AT 300° F.

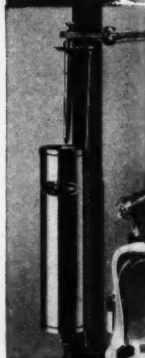
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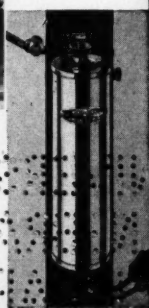
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The Publisher's CORNER

By Mass

No. 336



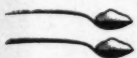
"Comes an Echo on the Breeze"

REACHING into the mailbox on the road in front of the house, I fished out a package. The label said it was from ORAL HYGIENE's editor, Ed Ryan. Ripping off the wrapper, I found he'd sent me a book. Then (to coin a phrase), you could have knocked me over with a feather—a humming bird's feather, a very small humming bird's feather. The book was a new novel, "Comes an Echo on the Breeze," the author, Edward J. Ryan.

It was described on the jacket: "The first full-length story of Abraham Lincoln as a captain in the Black Hawk War—his only military experience." The dedication was "To my mother, Elizabeth Davlin Ryan, and her people who were pioneers in the Rock River Valley more than one hundred years ago."

Then I remembered. It was in the Rock River Valley in western Illinois at Ed's country place, Pinecliff, that I had seen a few pages of the manuscript he was working on then. Years ago it was; I had forgotten all about it and thought Ed had forgotten, too. It seems such a chore to write a book. Even if you write for a

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living, life seems simpler if you stick to articles and editorials—and the shorter the better. Ed had never mentioned the manuscript again. But here it was in print, more than 200 pages bound in a handsome cloth cover, published in New York by The Exposition Press.

At home, my wife and I read aloud a lot. That night we eagerly started "Comes an Echo on the Breeze" and we loved it. The intimate new picture of Lincoln enthralled us. His trials in those early days of his career, told about with deep sympathy and understanding, brought him near to us. We were moved almost to tears by his hopeless romance with Ann Rutledge. For the first time, we understood: they became two new friends of ours, these two lovers who were kept apart forever. "'You will go alone, Abe dear.' Ann bowed her head and her tears fell on the rich parched earth."

Too, for the first time, we learned to know Ed's grandmother, Caty Ann Davlin, heard her "talking softly in a voice low and steady for her years; telling the stories of her prairie days," telling them to her little grandson, telling him of the Lincoln she knew. It was she who gave the Illinois prairie the beautiful name, "God's Meadows."

It was the land of Black Hawk, where "summer twilight caressed the village of the Sauk and Fox. Children played, and the river ran over the rocks of the rapids. Robins in low-branched oaks sang their vespers. And the symphony of play sounds and cascading waters and the bird notes carried to the ears of the thin chief who sat high above the village in his watch-tower . . . listening to his happy people."

Ed Ryan tells of the Lincoln who was to become captain of the Illinois Volunteers, who "turned away from the laughter and lights in the cabins and walked down the road toward the river. The cool air had the fresh earth smell. The croak of a frog came

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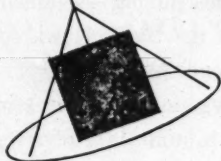
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from a marsh in the bottomland; a cricket of the advance guard monotoned in the dark of the ravine. Tall Lincoln walked down the hill not unmindful of the bestirring season, but dark thoughts and indecision troubled him: He reached the river road and turned to the right. The Sangamon raced over the milldam. There was no comfort in the stars and ascending moon. There was upheaval within him."

Ed worked on the book at odd times during seventeen busy years. He traveled over every mile of the Black Hawk country during different seasons, and, as one reviewer says, "has captured the feeling and sense of a bygone time, recreating the era with vividness." As this is written in mid-May, reviews have been coming in. The *Richmond Times-Dispatch* calls the book "a welcome addition to Lincolniana . . . untarnished by sentimentality and maudlin hero-worship . . . The warm frontier yarn-spinning atmosphere is particularly appropriate." In its review, the *Chicago Sunday Tribune*, incidentally, recalls what I didn't know—that Ed's father answered Lincoln's call and fought as a Union soldier. The *Norfolk Ledger-Dispatch* says that "Comes an Echo on the Breeze" is "expertly handled, exceptionally well written." The *Chicago Sun-Times* wrote that Ed Ryan "emerges as a fullblown Lincoln authority with the publication of his new book, 'Comes an Echo on the Breeze.'"

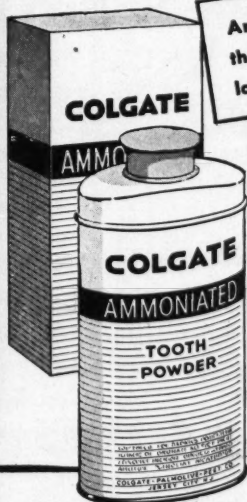
When first I saw it, I wondered about the title, its significance. It was taken from the official state song of Illinois by C. H. Chamberlain, from

*Comes an echo on the breeze,
Rustling through the leafy trees,
And its mellow tones are these,
Illinois, Illinois.*

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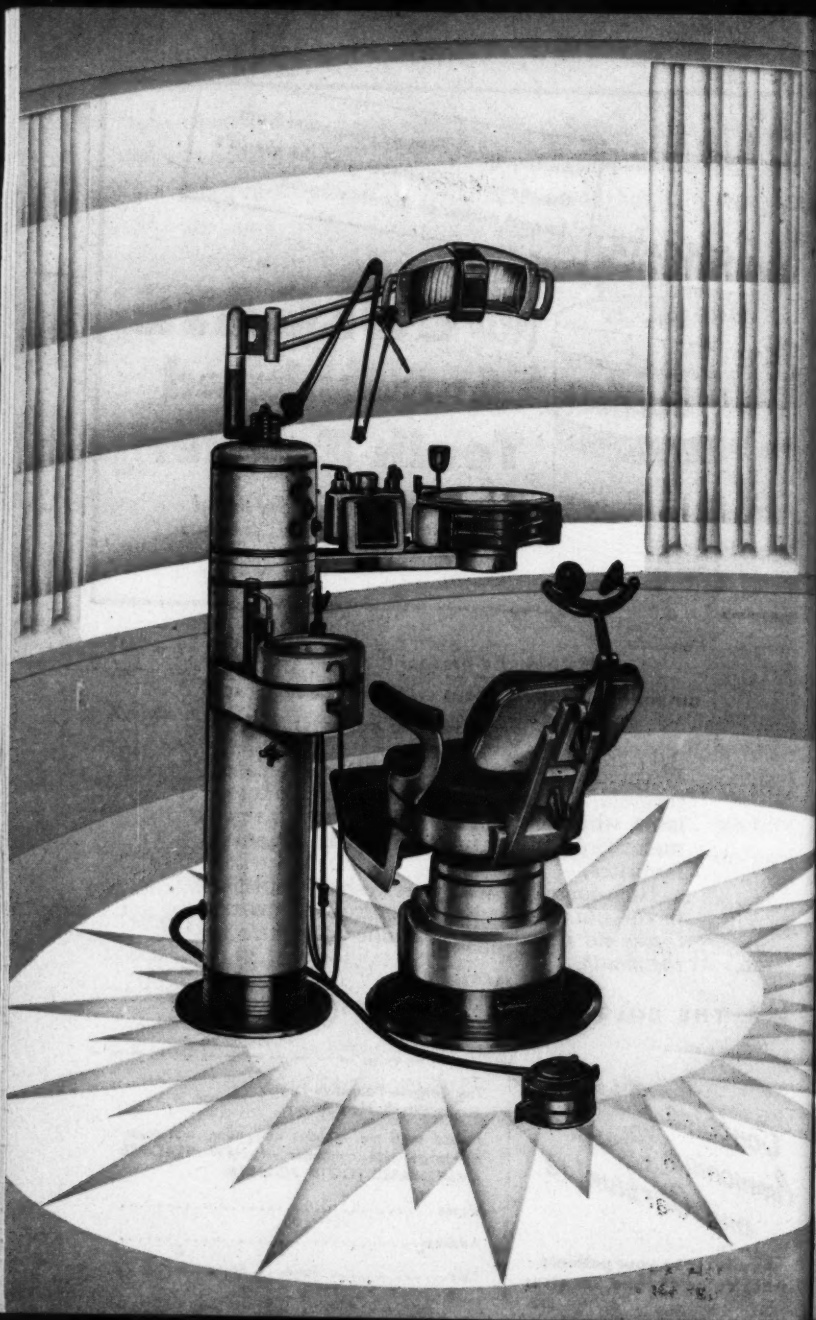
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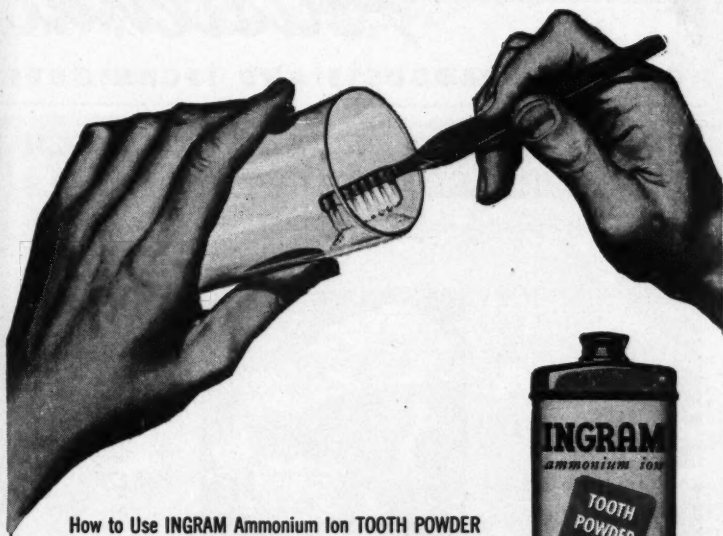
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Here is a new therapeutic dentifrice which embodies the latest results of dental research—a dentifrice which not only provides suitable cleansing and polishing agents, but which produces—by the presence of carbamide (urea) and dibasic ammonium phosphate—the ammonium ion action which has recently been widely recommended for the control of dental caries.

INGRAM *Ammonium Ion* TOOTH POWDER is not recommended as a "sure fire" means of preventing dental caries, but it is believed—on the basis of recent dental research—that the regular use of this dentifrice by your patients—under your supervision—will inhibit the acid-forming organisms which are commonly believed to play a role in caries formation—will encourage the growth of the ammonia-producing organisms which are found in caries-immune mouths. This change in bacterial flora may be expected to encourage the natural oral caries-preventive mechanisms, and in this manner establish control of caries.

Patients must be impressed that control of caries is a long-range process. Dramatic results are not to be expected in a day, a week, or even a month. Beneficial effects probably will not become apparent for periods of 6 to 12 months.

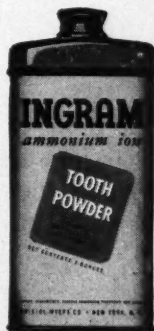
for caries control



How to Use INGRAM Ammonium Ion TOOTH POWDER

For the most effective aid in reducing dental caries INGRAM *Ammonium Ion* TOOTH POWDER should be used upon arising and before retiring and if possible immediately after each meal. The following is a convenient *three-step method*:

- 1 Tilt a clean glass tumbler and pour $\frac{1}{2}$ teaspoonful of powder on the inside curved surface.
- 2 Moisten toothbrush, dip it into powder and brush all surfaces of the teeth and gum margins.
- 3 Pour water on remaining powder in glass until one third full. Mix, use as rinse, retaining in mouth for full minute. Do not follow with clear water or other rinse.



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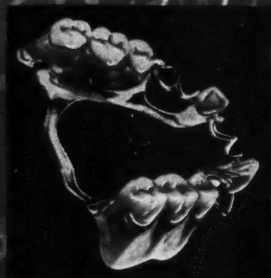
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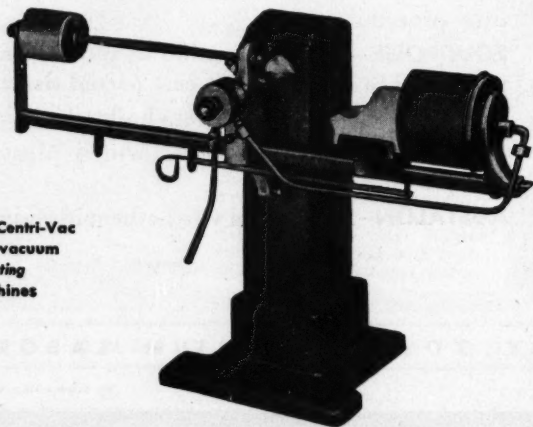
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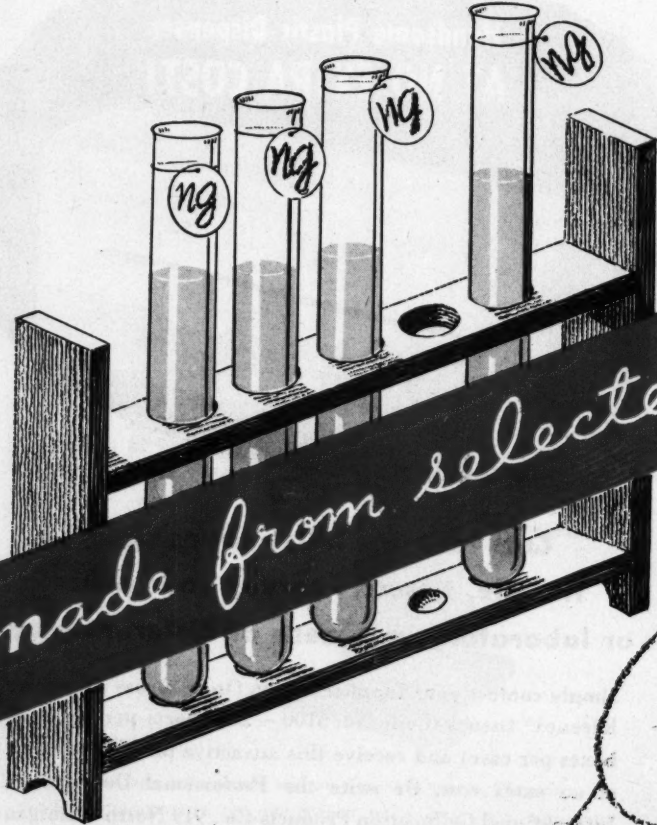


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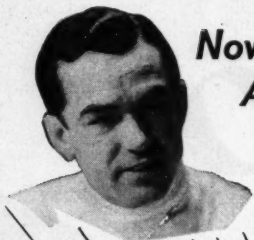
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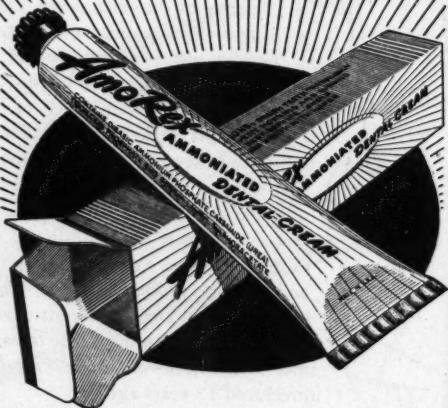


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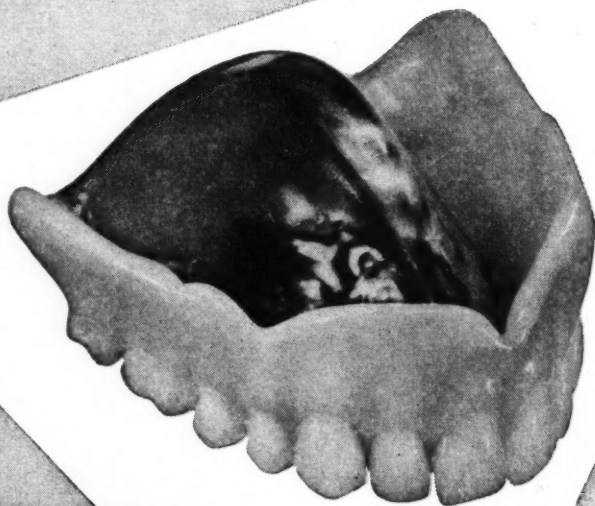
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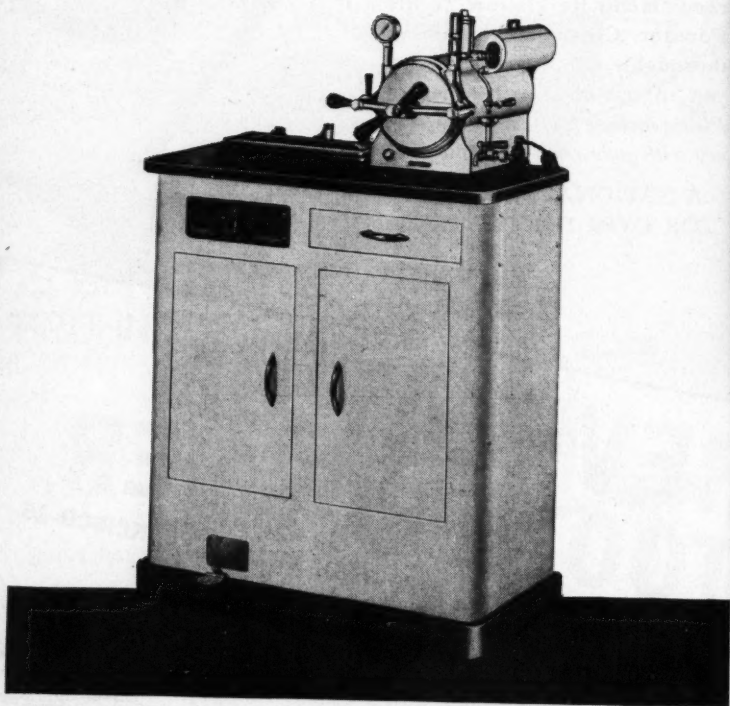
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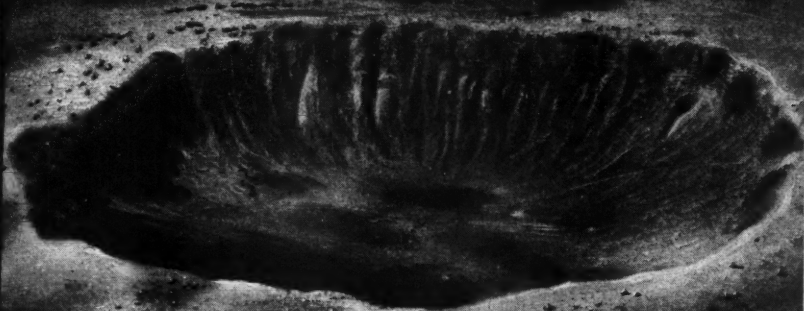


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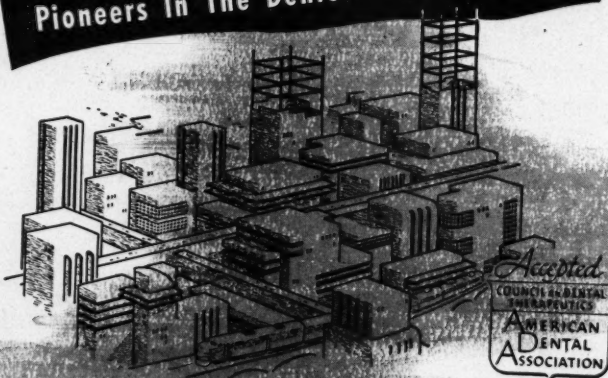
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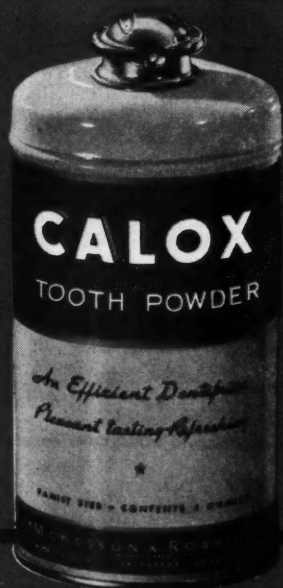
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EDITOR

Edward J. Ryan
B.S., D.D.S.

ASSOCIATE EDITOR

Marcella Hurley
B.A.

ASSISTANT EDITOR

Florence E. Biller
B.A.

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art; Norbert Drol, Circulation Manager. NEW YORK: 7 East 42nd Street; Stuart M. Stanley, Vice President-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building. LOS ANGELES: 1709 West 8th Street; SAN FRANCISCO: 57 Post Street; Don Harway, Pacific Coast Manager. Copyright, 1949, Oral Hygiene, Inc. Member Controlled Circulation Audit. Publishers of Spanish Oral Hygiene, Dental Digest, and Proofs

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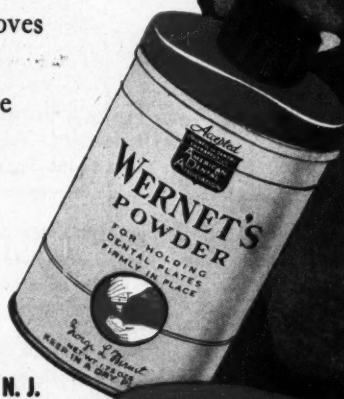
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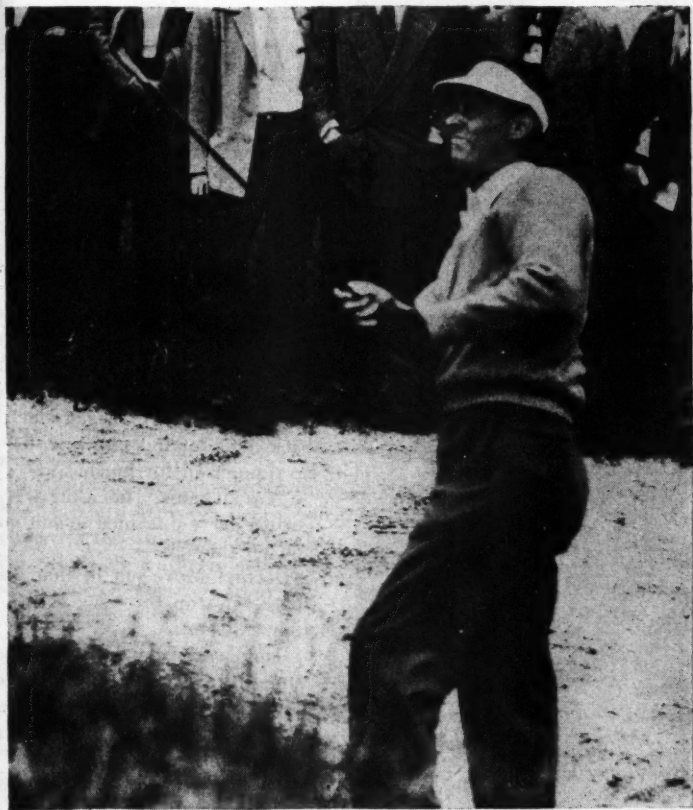
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Picture of the Month



DOCTOR CARY MIDDLECOFF (see page 1065)

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



The Dentist's

"Girl-Friday"

BY NAN R. HOPPER

"WHAT'S THE matter, Mac? You look harassed today."

"Well, maybe you think I'm not. A waiting room full of patients and my assistant didn't show up at all today. I don't know what to do first. Even had to sneak out the back door for this cup of coffee—no time at all for lunch."

"Yes, I know. That's the way it is. Just get 'em trained to suit you, and off they go."

Doctor! Move out of that glass house, or stop throwing stones at your assistant.

Dental assistants, themselves, cannot throw stones at their bosses—for the obvious reason. But ex-dental assistants can, and with impunity, and here is one who is going to toss a few well-intentioned missiles.

First, do you agree that the day is far past when a successful dental practice can be carried on by a dentist without the helping hand of an efficient assistant? If not, then you are not the dentist for

*The plight of the dental assistant should be the concern
of the dental profession.*

whom this article is written.

I am aiming my stones at those who know the necessity of a well-trained assistant, but who do not yet realize the value of a pre-trained one.

A year ago, in May, the National Health Assembly met in Washington, D.C. Among other vital subjects pertaining to the dental profession was one raised about the appalling scarcity of dental assistants, technicians, and hygienists. The question of how to interest more women in this type of service was discussed.

Yet, today, the shortage is just as acute; perhaps more so. What have dentists done to remedy the situation?

Certainly, no concerted effort has been made by the dentists to approach the problem, and, worse, they have discouraged dental assistants, in particular, from helping themselves.

Apprenticeship

I should like to ask them this:

Why should an intelligent girl apprentice herself—become a dental nurse, bookkeeper, glorified office maid, social secretary, and errand-girl, if she can attain no professional standing during years of such service?

And, if she leaves one dentist to try for a better position with another, her former training may not

be taken into account at all. If she is paid more, it is only because her new dentist-employer is making better money, and is, therefore, willing to spend more for the same kind of services. However, the identical idea of continuing probationship prevails wherever she goes.

Yet, hers is not really an apprenticeship at all. The idea of learning-by-doing for a definite period might be acceptable if, at the end of that time, the assistant could attain a standard of competence recognized by all dentists, and be eligible for a nationally prescribed examination certifying her training and ability.

But, that is not the case.

What incentive is there to take up a career that has no climax—no point of arrival?

Even the term "career" is euphemistic. It is really just an in-between job to work at while one looks around for something more challenging, something more creditable, and certainly something more financially secure.

Individual dentists can, and often do, give their assistants a sense of importance necessary to the feeling of personal achievement that we all crave. But, a secure professional standing is not attained by isolated examples of compatibility between a dentist and his assistant.

There is afoot, among dental assistants, a plan whereby a two-year term of work for an ethical dentist would prepare an assistant for an examination leading to a national certification as a registered dental assistant.

However, the plan has become too involved to cheer the average assistant. Besides working out the two-year apprenticeship, she must have had a year's membership in a state dental assistant society, plus 104 hours of institutional training under a dental educator (a training available only in some places, and then at night school).

Perhaps the most unreasonable part of the plan is this: should the candidate fail to pass the examination, she must wait *three years* before she is eligible to take the tests again (not six months, as nurses must).

Yet, after this singular flagellation by dental assistants, the dentists, themselves, have ignored the whole proceeding.

Perhaps the dentists are wise in not giving support to this plan. But their lack of active interest is not wise. It is to their own advantage to help formulate a plan acceptable to themselves as well as to their assistants. They are not doing that.

Is there a personal reason why dentists may not want to have their assistants organized? What personal reason can be important enough to outweigh the advantages to themselves of efficient, dependable help?

Nowadays, when a dentist finds

himself suddenly without an assistant, his reception room full of patients, his monthly bills due to be made out, what can he do?

He can look ruefully around his office—at the flock of full-mouth roentgenograms waiting to be developed, the glass slabs caked with hardened cement and porcelain, the last rubber bowl stiff with plaster and impression trays too awful to describe, a sink filled with unwashed instruments, while the acrid smell of a sterilizer burned dry permeates the whole room.

He can try to forget that his Aunt Hattie is coming that day for an emergency denture; and he can try not to hear the telephone jangle every time he says, "Now, open wider, please."

He can call an employment agency and beg them to send, at once, a bright, young woman, capable of learning her way about without any definite system of training from him, then put down the telephone and pray for a miracle to happen.

Or, he can muddle his way along for a day or so, trying to practice dentistry and still interview any applicants who may show up in answer to an advertisement he has inserted in the newspaper.

This picture is not overdrawn, as any dentist will acknowledge readily if he has ever been left without warning by his assistant.

With warning, he asks his retiring assistant to "break in" her successor. He plans, eventually, to teach his new assistant some of the

fine points of assisting at surgical procedures and other things she must know. But, the right moment for such further training rarely comes. Eventually, she picks up enough, by herself, to be helpful even in emergencies—or she is “given the gate” as not being capable.

Assistants' Registry

Would not it be a lot easier on everyone concerned if the dentist who needs an assistant could go to the telephone at any time and call a registry of dental assistants, find out exactly what he is expected to pay, and what he may expect to receive in exchange for the salary he gives?

She, in turn, would know how and where to begin, and merely have to adjust herself to the methods of her particular employer. It is quite possible that she still could not expect always to have an uninterrupted lunch hour, or a short rest period in the middle of the morning or afternoon. She might not get off in time every day to catch that last bus. But, she would have many advantages she does not now have; and perhaps, sometime, she could expect to at-

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by NAN R. HOPPER, has won the \$100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

tain the privileges and advantages that girls working in factories have now. That would be something toward which to work.

But, she would have self-respect. She would have security in her position. Those are large necessities for anyone who is working, and they furnish the incentives that would attract dependable, capable women.

If the dental assistants' organization were recognized and assisted by the dental profession, the assistants would be better off than they are now. An interchange of ideas is necessary, showing not only interest from the dentists, but encouragement.

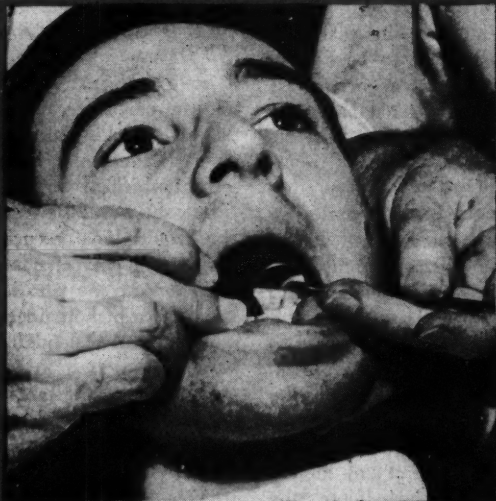
Yes, and guidance is acceptable, to help make the program fit the dentist's requirements as well as his assistant's needs. His “Girl-Friday” should have her boss's cooperation.

3161 Martha Custis Drive
Alexandria, Virginia

FLUORESCENT LAMP SAFETY MEASURE PLANNED

THE MAJOR manufacturers of fluorescent lights agreed to stop using beryllium phosphor in making lamps after June 30, according to Doctor Leonard A. Scheele, U.S. Surgeon General. The dangers of beryllium result when the lamps are broken and the vapors escape.—*Chicago Sun-Times.*

Editor's Note: This subject was discussed on page 743 of the May issue of ORAL HYGIENE.



Patients Are People

BY DOUGLAS W. STEPHENS, D.D.S.

MRS. JONES comes into your office and you seat her in your dental chair.

"My teeth hurt," she says, sitting up straight and staring you right in the eye. "I want to have them all pulled out and get a set of plates."

She opens her mouth and you pick up your mirror and examine her teeth. You see a fairly healthy mouth with some gingival caries. The gingivae seem in good condition; pink with little recession. There is a small amount of calculus, but the teeth are firm. You advise full-mouth-roentgenograms.

"But, Doctor!" Mrs. Jones'

*These practical applications of psychosomatic dentistry may
be used in your office.*

voice is sharp. Her face is set. "I'm sure they've all got to come out. My back hurts and I've got headaches. My doctor says they may be the cause of my trouble."

You can see her mind is made up. You nod and say, "Yes, but I must know what condition your jaw bone is in so I can better tell how to make your dentures. I must also know the length and shape of the roots."

You get her consent to x-ray, but the hard part comes later when you study the roentgenograms. The mouth is in fair condition, as you thought it would be. There is a little gingivitis present, but no more than a good prophylaxis would clear up; and some gingival caries. Perhaps there are sensitive areas on several exposed roots caused by toothbrush abrasion, but nothing that would make it necessary to remove even one tooth.

Here, beyond doubt, is a case in which you must put to use your knowledge of psychosomatic dentistry. Your study of the mouth and the roentgenograms is only a small part of the treatment. If you let the patient talk you into extracting all her good teeth, you will be doing her a grave injustice; yet if you tell her bluntly that no teeth need be taken out, that it is "all in her head," she is going to be angry and go someplace else. Perhaps she will find some dentist who will

be unscrupulous enough to do as she asks.

Here is a case where your treatment of Mrs. Jones as a person is more important than your treatment of Mrs. Jones' teeth. You will have to know more about Mrs. Jones as a person to do this. In many instances ventilation of the patient's thoughts, with slight guidance from you, will be sufficient to bring her around to your view of the question.

Mrs. Jones may only fear the dental drill. However, the difficulty may be deeper. She may have an unconscious desire to punish herself for some hidden psychologic problem. If you can ferret out the real reason, you will be able to bring her to understand why her teeth should not be extracted. Sometimes, though, it may be necessary to obtain the help of a psychiatrist. This is difficult for you to suggest, but by cooperating with her physician it may be arranged.

It is easy to class Mrs. Jones in the realm of psychosomatic dentistry, but if you wish to give most patients who step into your office the best service, you must study them from a psychosomatic angle.

Anxiety State

Almost all patients who come to the dentist are in a minor or major state of anxiety. Under this type of

emotional upset their heart rate increases, the blood pressure goes up, digestion may be impaired (flutters appear in the pit of the stomach), blood vessels tighten up, respiration increases, and muscles tense. Biochemically there may be an increase in blood sugar. Red blood cells may mobilize from the spleen, white blood cells may increase, and body temperature rise.

We must operate under these adverse conditions unless we lessen them by the proper psychologic approach.

Doctor Robert Wartenbery, a psychiatrist from San Francisco, has said, "Simply by looking at the patient who sits in the dental chair, the dentist may recognize some neurologic affections which leave their imprint on the patient's face."

This may be difficult for most of us to do unless we have made a special study of psychiatry. However, if we are on the outlook for signs of emotional disturbances, we can go a long way toward lessening the physical factors that cause a secondary anxiety which, in turn, will cause an increase in the original anxiety state.

Anxiety can be diminished by the use of premedication. Seconal ($\frac{3}{4}$ gr. to $1\frac{1}{2}$ gr.) or 1 oz. elixir of alcohol (the flavor disguises the taste of the alcohol) may be used. The latter will not interfere with the patient driving home.

Anxiety also can be lessened by having the patient see you do your surgical and operative treatment

in a calm, efficient manner. When using anesthetics, the needles must be sharp and of fine gauge. When operating on teeth, use water-cooled or air-cooled diamond stones and sharp burs. Soothing words are helpful in dispelling a patient's fear. When you pick up the anesthetic syringe to inject, if you will say, "I am going to do this very gently," or use such words as "easily" or "carefully," you will convey the impression that you are placing the needle into the tissues with as little pain as possible.

It is surprising how suggestive words will relax the patient and eliminate much of his anxiety.

The frequent use of suggestively soothing words indicating gentleness and care on your part is a form of suggestive hypnotism and may be successful in most cases. This does not mean putting people to sleep. You are really inducing the patient by the right suggestive words to go into the first or analgesic stage of hypnosis. By suggesting over and over again something that you want the patient to believe, in most cases you eventually get him to believe what you wish. If you say you are doing something easily, he may wonder how much worse it would feel if you did the same thing in a rough manner, but he will not doubt that you are careful and are performing the operation in the least painful manner.

Suggestive hypnotism is not new. It is the same thing advertis-

ing men and propagandists use. Some patients may "kid" you when you tip the chair back and tell them to relax because you are going to treat them especially gently today, but later you will hear that word has gone around that you are "a gentle dentist." However, in using suggestion be sure you give your patient positive suggestions. These are easier to believe and follow.

Psychology of Pain

In order to understand your patient as a whole person, it is important for you to know the psychology of pain. The pain threshold, strange as it may seem, normally varies little in different people. However, the emotional reaction to pain differs greatly. We all know we can hurt ourselves during periods of excitement and never feel it until later. This is because although our pain threshold does not change, our emotional reaction to it does.

Despite this, there are certain things that do alter the pain threshold. Sunburn and any inflammation or congestion will lower it 50 per cent; that is, make us feel more pain.

Certain drugs will raise the pain threshold (deadens our reaction to pain). Aspirin (5 gr.) raises it 35 per cent; codeine ($\frac{1}{2}$ gr.), morphine ($\frac{1}{4}$ gr.), and hypnotic suggestion raise the pain threshold 40 per cent. Alcohol (1 oz.) raises it from 30 per cent to 40 per cent.

Topical anesthesia may be more

of a psychologic help, if preceded by the proper soothing words, than an agent which will raise the pain threshold.

In diagnosing dental diseases we must take into consideration the psychosomatic aspects as well as the organic.

Nonspecific gingivitis is seen quite often in patients suffering from chronic anxiety. Anxiety affects the diet causing patients to eat more sweets to build up weight which in turn may bring on caries. Impaired digestion from psychosomatic causes may affect the entire mouth. Anxiety may increase the stomach hydrochloric acid content; especially when caused by suppressed anger and resentment.

Subconscious tooth grinding (bruxism) caused by muscular tension of anxiety may cause periodontal traumatism.

"Smother" love (too much mother attention) can give us a lot of trouble with our child-patients. Conversely this may result from mother resentment of a child as first shown when the mother refuses to feed the child at her breast.

In coronary spasm, pain may be referred to the mandible (5 per cent of cases). This type of heart pain may be caused by psychologic causes.

Asthma, with its resultant mouth breathing which brings about certain dental and jaw changes, is caused in many cases (75 per cent according to some psychiatrists) by psychologic manifestations.

When your next patient steps into your office, size him up. Let him talk as much as possible. If he has problems, listen to him tell about them. Get as much case history as you can. Learn all about him as a person. If necessary, use premedication before operating. Experiment with certain words that will relax him and create the impression of gentleness. Make your

statements positive and perform your treatment so efficiently that he will have confidence not only in what you say but in what you do.

By using this chairside psychology, your service will be easier. You will find that people respond better when you know and understand them.

823 Atlantic Avenue
Long Beach, California

DENTAL HEALTH RECORDINGS USED WITH ENTHUSIASM

THE DENTAL health recordings prepared by the Southern California State Dental Association which point out the danger of excessive consumption of carbohydrates have received enthusiastic approval from patients, according to reports received from dentists who are using the records.

Doctor A. F. Schopper, of Kansas City, Missouri, reports this experience with his album of recordings:

"It was my idea at first to have patients who had children take the album out; regardless of whether the youngsters were among my patients or were served by a pedodontist. The idea was good, but the first thing I knew the demand for the album extended to those who did not have children, and, when I let it out to one family, they would pass it around to all their friends and I would have a hard time recovering it for someone else. I intend to get more sets of the recordings, since the one does not even scratch the surface for the demand.

"A young married man, a patient of mine who has a baby daughter, wanted the records to play for his wife. He took them home and had the whole neighborhood in to hear them. Then he went to a dinner party at his sister's house and, just before she served the dessert, he started the recordings. The guests all listened intently and then left their dessert course. His sister was rather provoked."

The recordings were made at cost of materials with such screen and radio stars as Bing Crosby, Bob Hope, Robert Taylor, Amos and Andy, Tony Martin, and Cornel Wilde donating their talent to this health project. The screen or radio characters of the stars are carried into the recordings.

The album has been approved by the Council on Dental Health of the American Dental Association and may be obtained from ADA headquarters at 222 East Superior Street, Chicago, Illinois.



—Photograph by Ray Lindsey

Doctor "Jack" Goldman slips the gaff under an eighteen-pound steelhead for Earl Rink on the lower Nehalem River in Oregon.

Are You Going Fishing Before or After the San Francisco Meeting?

This information on West Coast may help you plan your trip to the A.D.A. meeting in San Francisco.

BY CLAUDE W. CLIFFORD, D.D.S.

IF YOU BELONG to that class of dentists who can flick a fly, plunge a plug, or sink a professor, and hook a fish with each try, you will want to enjoy Pacific Coast fishing when you attend the San Francisco meeting of the American Dental Association. You will not have far to go, either, for the Bay where the meeting is being held will be full of the "fightingest" big striped bass with which you ever tangled. Boats, tackle, and guides can be secured easily for a nominal fee. These fish will be running as late as December.

If you prefer surf casting, however, yellowtails will give you a fight worth the trip. There are fifty or more varieties of fish that may be taken from the shore.

Among them are the sheephead, groupers, and halibut. These are bottom feeders. Sardines or anchovies are fine for bait here. For mackerel, barracuda, bonita, and small tuna, these are used as live bait without sinkers. Vessels generally are used for the latter type of fishing and sail from the ports of Newport, Balboa, Long Beach, San Diego, and other cities.

The 400-mile coast line in Oregon affords excellent fishing off the rocks and in the breakers throughout the year. The open surf necessitates the use of rather heavy poles, with a large reel, line, and sinkers, if you expect to get out where the big ones are. Baits used are clam, worms, and other types that may be gathered along the shore.

It is easier to fish from the rocky points where the ocean sends its thundering waves into inlets of the headlands. Here also the long bamboo will give good distance, but almost any type of rod can be employed. This is generally a family affair—enjoyed by old and young with equal safety. There is a great variety of salt-water fish that may be caught by trolling. Among them are the salmon. If you fish in the ocean, no license is required off the Oregon coast except in the bays and in the mouths of the rivers.

Fall runs of Chinook and silver-

sides (salmon) will be in the streams of Oregon and California. They are hard-hitting, fast fighters that weigh from fifteen to fifty pounds. Rivers that are excellent for this fishing are the Alsea, Coquille, Umpqua, Rogue, and Kalama on the Southern coast. Further north the Nehalem, big and little Nestucca, Wilson, Tillamook, and Columbia give exceptionally fine sport.

After the leaves have fallen and the clear waters of the rivers have been roiled by the late fall and winter rains, the steelhead begins his migration up these same streams. This fish is called the "King" of trout. He is really a rainbow that has gone to sea. A five to fifteen pounder will give you a battle for he is a savage, courageous fighter. That is what makes him "King."

Fishermen each year come from the Eastern part of the United States to fly-fish for the steelhead; using a regular fly pole and small trout tackle. A tapered line backed by at least fifty yards of ordinary line is the regular setup for landing one of these fish. If you never have experienced this kind of a thrill, you had better bring the old fly pole along and have a new and fascinating experience that surely is awaiting you.

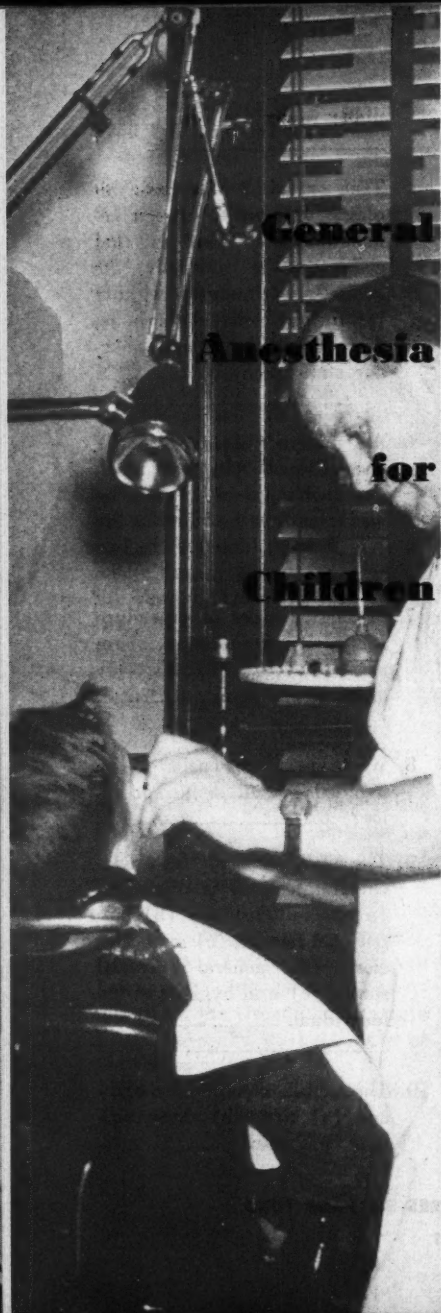
1207 Weatherly Building
Portland 14, Oregon

So You Know Something About DENTISTRY! ?

QUIZ LVIII

1. True or false? The vitality of the pulp can be determined roentgenographically. _____
2. What is the difference between ostectomy and osteotomy? _____
3. Irium is (a) an abrasive agent, (b) a flavoring agent, (c) a synthetic detergent, used in a particular dentifrice. _____
4. The best method for grinding porcelain is (a) semiwet, (b) with both stone and porcelain under water, (c) dry. _____
5. True or false? The basic biologic difference between cementum and bone is that cementum is normally deposited continuously without resorption; whereas in bone, deposition and resorption occur simultaneously. _____
6. A soldered joint is (a) strengthened, (b) weakened, (c) unchanged in strength, by an increase in the width of the joint being soldered. _____
7. In Black's order of procedure for cavity preparation, there are (a) four, (b) six, (c) eight, steps. _____
8. Why are steep cusps to be avoided in full denture*service? _____
9. The incidence of fusospirochetal infections is related to (a) social customs, (b) nutritional factors, (c) malocclusion, (d) general physical status, (e) oral hygiene of the individual. _____
10. The maxilla consists of a body and (a) two, (b) three, (c) four, processes. _____

FOR CORRECT ANSWERS SEE PAGE 1080



BY M. HILLEL FELDMAN, D.D.S.

GENERAL ANESTHESIA should be the choice by the dental profession for the removal of teeth for children. Childhood terrors linger with us throughout life. Fear of the dentist may be traceable to an agonizing experience in childhood when some well-meaning parent and equally well-meaning dentist said, "We won't do anything to you; just look at the tooth, that's all." What happens, usually, is that the dentist approaches the child with a forceps hidden in his sleeve or held behind his back. The trusting child opens his mouth to allow "a look," and the practitioner pounces on the tooth for a "catch-as-catch-can" extraction. At that moment, faith in the word of the dentist is destroyed forever. The ensuing years see the continuing fruits of this harrowing experience in the form of neglect of the teeth. The child has developed a firmly rooted prejudice against dental service.

How much more ingratiating it would have been had the dentist spoken as follows: "Now listen, young man, I am going to do more than just 'look' at your tooth. I'm going to take away that nasty hurt that keeps you from eating your breakfast. You want me to stop that tooth from giving you all that pain, don't you? So you can eat your chocolate and your ice cream, don't you? Well, look at this. By smelling this good perfume, just smelling it, all the pain and hurt

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*These suggestions for administering general anesthesia may
be helpful in your dental practice.*

goes away and you can play ball after school today."

For a simple extraction, the application of an ether mask, with the drop method of ethyl chloride or of vinethene, is usually sufficient. I would not suggest putting a mouth prop in the mouth at the outset, unless you have an unusually well-behaved child before you. A sponge of gauze at the angle of the mouth is sufficient to permit subsequent placement of the suitable prop. When there are several teeth to be removed, I advise a leisurely approach, without rushing to complete all extractions before consciousness has returned following the dropping of the mask. Before the mask is applied, the gases on the machine should be started flowing, and the nasal inhaler be ready for adaptation as soon as face mask induction has been achieved.

I have found it wise to pour a few drops of some pleasant-smelling agent such as "Florida Water" on the gauze mask, hold it up near

the child's face, and say that if he smells that he will feel no pain.

Of course we all have obstreperous children among our patients. No amount of persuasion seems to win their confidence. Even such youngsters, handled with force, have no recollection of any unpleasantness when they awaken and find they have no more toothache and that they were not hurt. With a local anesthesia ordeal, there are lingering, painful recollections of the needle, the numbness, and the frequently psychic trauma associated with even physically insensitive surgical manipulations.

There is one point I should like to stress. Children do not require as much depth of anesthesia as do adults, and surgery may proceed during the primary stage, as soon as struggling, if any, has subsided, and crying, if any, has ceased.

*730 Fifth Avenue
New York, New York*

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

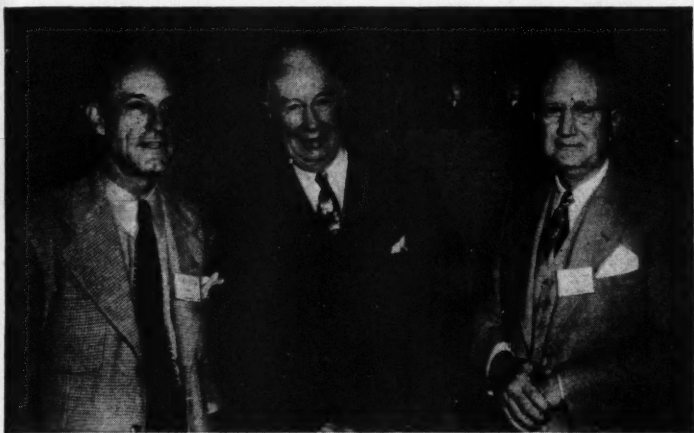
Man Bites Dog

***Southern California State Dental Association
holds annual meeting***

Photographs by I. LESTER FURNAS, D.D.S.

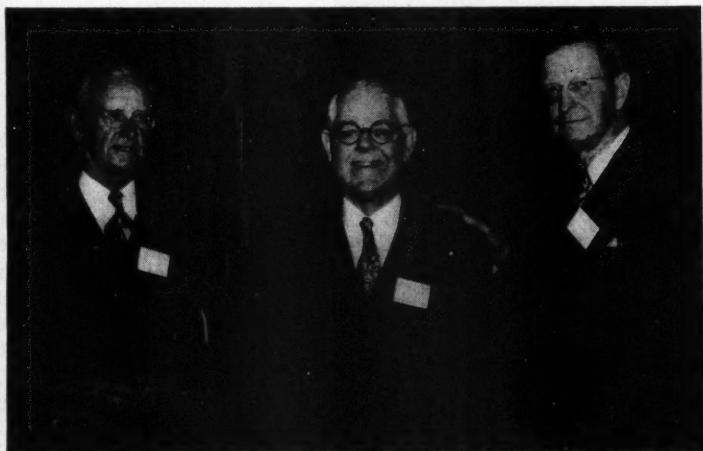


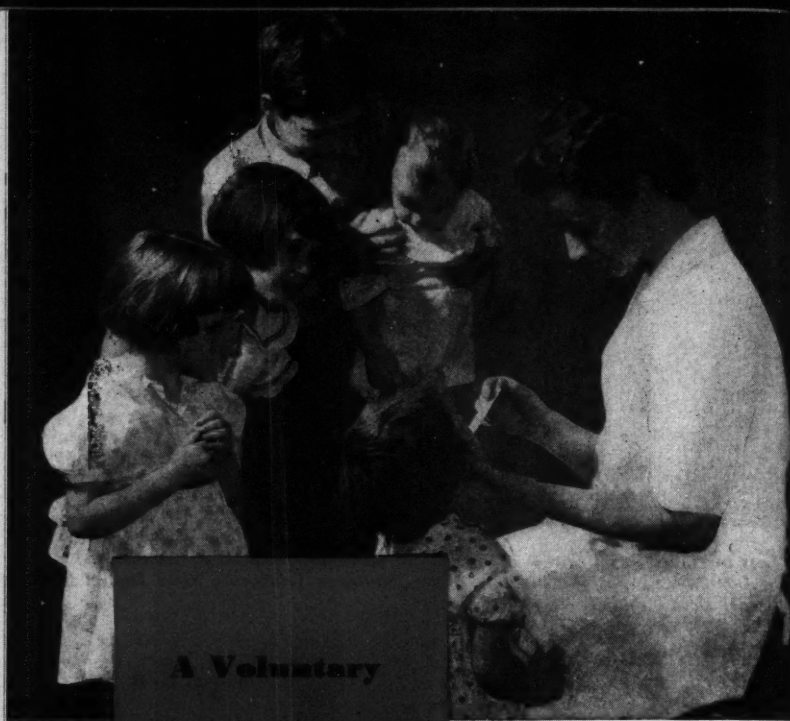
Howard A. Hartman, Oral Hygiene's official photographer, became the subject for this photograph rather than the man behind the camera as is usually the case when he attends dental meetings. Photographer Furnas, of La Jolla, thought Doctor Hartman, one of the principal essayists at the Southern California meeting, should have a turn at being the "man" instead of the "dog."



Left to right: Ray Brownson, Charles M. Benbrook, and E. R. Kibler, all of Los Angeles, at the meeting of the Southern California State Dental Association.

These Los Angeles dentists (left to right), James L. Howard, B. B. McCollum, and Carl D. Lucas, attend the meeting.





**A Voluntary
Health
Insurance
Program
for
Children***

**BY HARRY STRUSSER, D.D.S.,
M.S.P.H.**

IN THE PLANS proposed here we attempt to apply *voluntary health insurance principles* of spreading the cost so as to render, at a nominal sum, diagnostic, protective, and corrective dental service to the children of a special age group. The principle of *group practice* and *organization* with *auxiliary* and *ancillary personnel* enables us to obtain the desired results. We shall also attempt to study and evaluate the scientific and ad

*Digested from the July, 1948, issue of the *Journal of Dental Medicine*.

ministrative results as they are influenced by the insurance principle and group practice in dentistry.

Let us take an insured population of 100,000. If that population follows the general trend of the population as a whole we will find that 6 per cent of the insured population comprises children below the age of 6. In New York City that is the case; however, in other parts of the country these conditions may vary and the plan can be adapted readily.

For convenience let us assume that we find 6 per cent of the population children; therefore, we would find 6000 children with 1000 children in each group 0-1, 1-2, 2-3, 3-4, 4-5, 5-6. From a dental point of view, little can be done for the groups 0-1 and 1-2 as teeth begin to erupt about the fifth to eighth month after birth and a full complement of deciduous teeth is found in the mouth when children reach $2\frac{1}{2}$ or 3. We can, therefore, eliminate the first 2000 children from our plans for the first year of operation; however, the service assumes responsibility for their future care.

Statistical analysis and data show that 47 per cent of children 2 to 3 years of age need dental care, that 75 to 80 per cent of the children 3 to 4 need dental care, and that 90 per cent of the children in age groups 4 to 5 and 5 to 6 need care. Applying these percentages to the child population below 6 years of age, we conclude that 4000 children should receive

examinations, roentgenograms, prophylaxis, topical applications of sodium fluoride, and 3000 children must be provided with initial operative service to include necessary restorations and extractions, space maintainers, and other treatment.

Clinic facilities provide about fourteen thousand hours of dental services, and the number of children receiving care annually is controlled by the number of hours needed by the children for complete care. The service is planned on an appointment system and the clinic is kept reasonable in size so as not to take on a "large clinic look." The service is supervised by a senior dentist, and health education activities are directed by a teacher and dental hygienist.

Opportunities are provided for the dissemination of dental information by allied groups participating in the Voluntary Insurance Program and by direct and positive teaching by a competent health education worker and the dental hygienists when children report for treatment. Dental projects which would not only interest the children but produce lasting effects on children and parents as well may be carried on by the staff.

The application of the group-practice principle in a Voluntary Health Insurance program would result in supplying the best type of organization for the treatment of children. Members of the staff would be able to confer, study the needs of children, and apply treat-

ment best suited for them individually. Space maintainers would be supplied and continued supervision would result in preventing many varieties of malocclusion; especially those resulting from early loss of teeth because of neglect. Specialists in the various

are paid to dental hygienists, a health education teacher, assistants, technicians, and office staff, the cost of operation for the first year is 63 cents per capita insured. The schedule of costs of ensuing years is shown in the accompanying table.

If we gave the staff a 5 per cent increase in salary the second year, the rate to the insured persons would be less than 1 cent per week.

The question has been asked, "Is it necessary to start with 100,000 insured?" The answer is: it is not necessary to start with so large a group and the services can be modified to suit needs. In some communities it can be arranged so that the service may be given by the private practitioner on a per annum basis and the cost to the insured, while slightly higher than when the service is given in the clinic, is still within the range of the individual subscribers to the Voluntary Health Insurance Plan. Some advantages to a group practice unit, however, are lost to both staff and the children served.

175 Fifth Avenue
New York, New York

Insured	Cost of Operation	Active Treatment Cost Per Child	Cost Per Capita Insured
I Year			
100,000	\$63,000	\$15.75	63.0¢
II Year			
150,000	72,400	10.34	48.4¢
III Year			
170,000	81,950	8.82	48.2¢
IV Year			
220,000	101,350	8.45	46.0¢
V Year			
220,000	101,350	7.98	46.0¢
VI Year			
220,000	101,350	7.68	46.0¢

branches of dentistry could also be made available if and when necessity demanded.

A complete schedule of operation based on experience shows that when dentists are paid salaries ranging from \$6000 to \$8000 a year, and proportionate salaries

JOHN C. BRAUER APPOINTED DENTAL DEAN AT SOUTHERN CALIFORNIA

THE APPOINTMENT of Doctor John C. Brauer, director of postgraduate dental education and executive officer of the department of children's dentistry at the University of Washington School of Dentistry, Seattle, as Dean of the University of Southern California School of Dentistry was announced recently by President Fred D. Fagg, Jr.

Doctor Brauer who is nationally known as a specialist in children's dentistry, assumed his duties last month.

Dentists in the NEWS



Detroit (Michigan) News: "The President and all members of his family have good teeth," Doctor Bruce D. Forsyth, President Truman's dentist, stated recently while attending the annual meeting of the Michigan State Dental Society. "Mr. Truman always has taken good care of his teeth. He brushes them regularly and has them checked regularly. He is not particularly fond of sweets."

"He belongs to the preventive class of dental patients which we try to educate people to become—not the curative class."

Doctor Forsyth is Assistant Surgeon General and Chief of the Division of Dentistry of the U.S. Public Health Service.

Decatur (Illinois) Herald and Review: The Decatur District Dental Society recently held a dinner meeting to honor Doctor J. Foster F. Waltz upon his completion of fifty years in dental practice. Among those attending the dinner were representatives of the Illinois Dental Society of which Doctor Waltz is a Past-President.

During his early years of dental prac-

tice, Doctor Waltz spent two years in Dresden, Germany, as dentist to titled nobility and the rich merchants of the city. Upon his return to Decatur he entered dental practice with his father, the late Doctor A. S. Waltz, in the dental office which he maintains today.

Kenosha (Wisconsin) News: Doctor Judith Shouisky, Kenosha dentist, is co-author of the juvenile book *ALI OF BAKU* published recently by the Thomas Crowell Company of New York. It is the story of a little Mohammedan boy who lived in Baku during the revolutionary era and wanted to become a physician.

Doctor Shouisky draws from her own colorful background in writing the little boy's story. Her childhood home was in Krasnovodsk, the gateway to Central Asia on the shores of the Caspian Sea. She was educated in Baku and at Odessa on the Black Sea. She practiced dentistry in Central Asia and among the Mohammedan natives of the Azerbidjan province. Her patients included Turkomans, Persians, Russians, and Armenians.

ALI OF BAKU was written with the assistance of Ruth Thompson McGibeny of Lake Forest, Illinois.

Chicago (Illinois) Daily News: Doctor Felipe Molas López, 49, dentist and former Minister of Education, has been elected President of the Republic of Paraguay.

Louisville (Kentucky) Courier-Journal: Members of the Kentucky Dental Association recently displayed the products of their spare time in a hobby show at the Brown Hotel.

Doctor Edward H. Hubbuch, of Louisville, exhibited his statuettes of amalgam which he has been molding from material collected during thirty-five years of dental practice. His collection included shapes of a dog's head, a human tooth, a bullet, and a ball.

Paintings were exhibited by Doctor E. L. Everly, of Bellevue. This dentist took up painting when his daughter showed no interest in the paints and brushes he had purchased for her. He disliked seeing them go to waste so he tried using them himself. The only lesson he has had was the one day he spent watching a commercial artist at work. Since then he has spent most of his week ends at his hobby and has over sixty completed paintings.

A Covington dentist, Doctor John H. Bustetter, displayed a model of a golf range that covers sixteen acres near his home. It is made to scale with eleven feet to the inch, and has buckshot dipped in white ink to represent golf balls. Model cars are in front and human figures are swinging clubs.

Metropost: Doctor N. Howard Hyman, a dentist who is an officer of Metropolitan Post No. 164 of the Jewish War Veterans of the United States and national hospitalization officer, was awarded a certificate of merit for his service among patients of Army hospitals and among disabled war veterans of World War II. The presentation was made by General Hodges at Governor's Island.

Seattle (Washington) Times: Although he wore a bandage on his forehead and his nose was swollen from a twelve-foot fall down a steep bank, 93-year-old Doctor E. C. Kilbourne reported that he "felt fine." This former dentist had been climbing up and down the bank all afternoon clearing land with pick, shovel, ax, and bonfire when the accident occurred.

Doctor Kilbourne found nothing unusual about his activities at his age. He said a man had to keep busy to stay young. He told a reporter he still made a good thing out of real estate, but he gives most of his money away because he hasn't "much use for it anymore."

Detroit (Michigan) News: As a re-

laxation from dental practice, Doctor James P. Baker carves portraits in wood. While serving in the South Pacific during the war, this dentist secured a piece of native mahogany, after re-



ceiving a picture of his 2-year-old son Peter, and carved his son's profile "for something to do" during his spare time. Since then whittling has been his hobby.

Salem (Oregon) Capital Journal: Doctor John Kuratli, of Portland, has been appointed to the State Board of Dental Examiners to succeed Doctor L. M. Boire, also of Portland. Doctor Floyd L. Utter, Salem, was reappointed for another three-year term. The appointments were made by Governor Douglas McKay.

Youngstown (Ohio) Vindicator: A leading dentist of Youngstown for about a half a century, Doctor W. H. Hayden, recently celebrated his 80th birthday. While he does not practice regularly, he still sees patients occasionally. He comes from an old Ohio family and is a grandson of Amos Sutton Hayden, an early President of Hiram College who was responsible for interesting James A. Garfield's family in sending him to college. Doctor Hayden prizes many interesting letters from President Garfield.

Milwaukee (Wisconsin) Journal: Attending Marquette University Medical School are eight dentists who want to become surgeons. Seven of them plan to practice maxillofacial surgery upon graduation.

The dentists are Robert Richardson, Milwaukee; Anthony Graykowski, Adams, Wisconsin; Roger C. Seyferth, Beaver Dam, Wisconsin; Thaddeus J. Litzow, Waukesha, Wisconsin; Paul Natvig, Prairie Farm, Wisconsin; Peter Martin, Seattle, Washington; Alberto Rigau, Rio Piedras, Puerto Rico; and Pasquale R. Savino, Brooklyn, New York.

Doctor Rigau was chosen by faculty members as the outstanding medical senior at the University. He is a grad-

uate of the University of Puerto Rico and the Marquette Dental School.

Doctor Natvig edits the school quarterly publication, the *Marquette Medical Review*. He expects to be commissioned in the Navy after graduation.

The dentist-medical student with the most degrees is Doctor Savino, a native of Naples, Italy. They include a B.S. in Chemistry from St. John's University, Brooklyn; an M.S. in Chemistry from Fordham University, New York; and a D.D.S. from Marquette.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Esther S. Manz, 1448 East Seeley Street, Milwaukee 7, Wisconsin.

P. L. Connor, D.D.S., 401 Stambaugh Building, Youngstown, Ohio.

A. Colburn, 16875 Sussex, Detroit 27, Michigan.

Frederick F. Molt, D.D.S., 728 Medical and Dental Building, Seattle 1

Nancy Herring, 449 Lafayette Street, Jackson, Tennessee.

Johnny Palmer, 1912 Sherman, Evanston, Illinois.

Mrs. D. F. Harris, 1361 East Locust, Decatur, Illinois.

Roy Denial, 12033 Woodmont, Detroit 27, Michigan.

Elinor E. Schobert, 641 North High Street, Salem, Oregon.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

PICTURE OF THE MONTH

(See page 1043)

DOCTOR CARY MIDDLECOFF, 28-year-old dentist, blasts his way out of a trap during one of the many tournaments he has entered since leaving his Memphis, Tennessee, dental office to become a professional golfer in 1947. When this dentist-golfer turned professional he gave himself two years to see if he could support himself at golf. In 1947 he earned \$6,100, while his expenses were about \$8,000. In 1948 he pushed his way up to seventh place on the money list with \$14,621. And by the end of March, 1949, he had won \$9,906 which included nine-day earnings of \$3,850.

—Acme Photo.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

SOCIAL MEDICINE IS NOT SOCIALIZED MEDICINE

ECONOMIC AND social conditions play a part in our health problems. A study of these conditions and their interrelations with human health constitute *social* medicine. This is a highly desirable subject. *Socialized* medicine is a method of the police state, of regimentation, of bureaucracy. It is Utopia promised to all sufferers from diseases for which they are required to pay an exorbitant price.

According to the authorities who are more interested in social than in socialized medicine, one way to improve the health of the people is to increase their standards of living. Certain diseases are associated with poverty, overcrowding, and malnutrition. Rather than treating the diseases produced by poverty it is better to strike at the cause of poverty and supply good standards of living for all the people.

Dental caries is associated with excessive sugar consumption. Starch and sugar—white bread, potatoes, prepared cereals—are the inexpensive foods and the only ones that many poor families can afford. The protective foods, particularly the proteins, are the expensive foods. To increase the food budget for the poor families and *to insist that this increase be spent for protective foods* is one way to help prevent disease. It is a form of *social* medicine.

It cannot be denied, however, that some diseases increase as people ascend the social scale. Chisholm¹ contends that "the causes of disease are not entirely physical and biologic." The "well-to-do diseases" include angina pectoris, appendicitis, diabetes, cancer of the breast and ovaries. The "poor man's diseases" include tuberculosis, syphilis, cancer of the

¹Chisholm, Brock: Social Medicine, Scientific American 180:11-14 (April) 1949.

upper alimentary tract, of the larynx, and of the skin; valvular heart disease (mainly due to rheumatic fever), myocarditis, arteriosclerosis, bronchitis, arthritis, pneumonia, pleurisy, hernia, and the occupational diseases.

It is unlikely that the dental diseases fall into either the category of "poor man's" or the "well-to-do diseases," except in regard to the excessive use of carbohydrates among the poor. Virtually all segments of the population suffer from dental disease. We are sure, however, with respect to caries that this is a condition that shows its most violent attacks in the adolescent years. The disease has a tendency to be reduced as a person gets older. Social medicine, therefore, would require that the children of the country and their parents be educated in the nature of the condition and the public health and personal service methods that may be used in its control. *Social* medicine would require that well-financed research programs be undertaken by government and that chemical and other methods that are useful in the reduction of caries be made available to all children. The program of research, education, child health, is exactly the one proposed by the organized dental profession.

American dentistry is in an extremely favorable position because the organized profession has proposed a definite and tangible *social* program to offer in opposition to a *socialized* program. If the American Dental Association were merely a vociferous and violent opponent of socialization without a well-expressed social philosophy, our position would not be as favorable. By all standards of measurement the ADA has demonstrated social enlightenment and has suggested a tangible program of action to the government.

Edward J. Ryan

A New Approach to Federal Dental Health Insurance



BY GEORGE SCHNEIDER, D.D.S.

THE GREAT DRAWBACK to dental health insurance is that you cannot render dental service to all the people who have neglected their teeth for the last seventy-five years. First, it cannot be done because there are not enough dentists to render that service. Second, it would bankrupt any institution that would attempt it.

It would be like starting a new life insurance company that was to pay policies to the heirs of every man, woman, and child who died in the last fifty years, and for whose insurance no premiums had been paid; or a fire insurance company that was to pay for all the

property that burned in the last twenty-five years without having collected premiums on insurance covering the property.

No insurance company will insure anything that has already happened; nor is insurance retroactive. All insurance must start on a current basis, and if we are to have dental health insurance we will have to do likewise.

Let us see how this can be done. "Start from scratch." Take on no accumulated dental needs. Make dental service for the child, from the time of the eruption of the first deciduous tooth until he arrives at the age of 18, compulsory. Insure all children under 18 years of age whose teeth are in good condition

This dentist recommends dental insurance for children.

and need absolutely no dental service of any kind when the application for dental health insurance is made. If a child is in need of dental care, it should be obtained and paid for by parent or guardian before application is made for dental insurance. If that were done, we would not take on any accumulated dental needs.

Now let us see how this can be done. Only women should be trained to take care of all the dental needs of the normal child from the time of the eruption of the first deciduous tooth until the child leaves grammar school. Train men and women to care for high school pupils, and provide facilities for rendering the treatment in school buildings. In case of accident or an abnormal case, that child could always be taken to a specialist at federal expense.

How about the child after he arrives at the age of 18? He can go to any dentist of his choice, and continue as he did during his school years; provided he has a certificate signed by a responsible dentist showing that his teeth were in good condition not longer than six months ago. His dental health policy could be in full force for the remainder of his life; provided a visit is made to a reputable dentist for a checkup every six months. The biyearly visits to a dentist would be like paying your annual or semiannual premiums on your life insurance policy to keep it in

force as a constant protection.

If this were done we would not take on any accumulated dental needs, and what we did take on could be rendered at a minimum amount of expense to the federal government. It would check much of the expensive dental service that the adult would need in his later years; and there would not be anything socialistic about it any more than there is about our school system. In future years every American-born citizen would automatically come under the system.

A health booklet should be compiled by members of the dental and medical professions. A copy of it should be handed to every couple when they apply for a marriage license. This booklet should contain definite facts and information. First, proper and correct sexual relations between husband and wife should be discussed. Second, proper food for both husband and wife prior to pregnancy should be considered. Proper health conditions and proper food are just as important before conception as after conception. The mother-to-be should also be advised as to proper diet and health care during pregnancy.

A second booklet should be compiled covering health care for the mother and child after birth, with advice about visits to the physician and dentist for the welfare of both mother and child. This
(Continued on page 1071)



TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

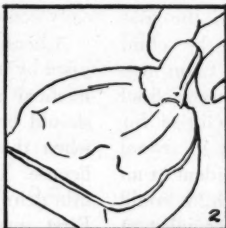
Drawings by Dorothy Sterling

Individual Tray of Uniform Thickness Using Self-Curing Plastic

By RAYMOND K. HYDE, D.D.S.



Take impression, using stiff compound and displacing all movable tissue. Pour model.



Adapt two thicknesses of base plate wax over the model. Shape wax on anterior for a handle.



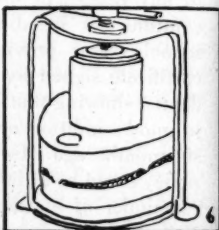
With a penknife, notch the wax at four points in order to key the counter-die.



Cover the wax with plaster to form a counter-die with an over-all thickness of about $\frac{1}{2}$ ". Allow plaster to set. Hole in top of counter-die is for forming handle.



Place wet cellophane over the model and the counter-die. Spread Densoform mix evenly over the cellophane on the model. Cover with the counter-die.



Place model (with counter-die in position) in a plate press. Allow to stand for 15 minutes.



Finished tray.

Readers are invited to submit techniques to this department, and to request techniques in which they are particularly interested. Write to Dr. W. Earle Craig, care ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

A NEW APPROACH TO FEDERAL DENTAL HEALTH INSURANCE

(Continued from page 1069)

booklet should be handed to the mother by her physician at the birth of her first child.

As long as tooth decay of our children of preschool, grade, and high school age is uniform and universal, and our school system is uniform, universal, and compulsory, let us take care of the chil-

dren's teeth through a uniform, universal, and compulsory dental system. That service should be rendered through our school system, by specially trained men and women, in offices which are a part of the school facilities.

149½ Gooding Street
La Salle, Illinois

THE COVER

THIS MONTH'S cover shows a scene near Teelawauket Ranch, located close to Bayfield, Colorado, in the colorful San Juan Basin of the Colorado Rockies. Teelawauket (the Ute Indian name for summer home) was bought by Doctor H. C. Pollock, St. Louis orthodontist and Editor of the *American Journal of Orthodontics*, in 1927. Since then he has remodeled the lodge to accommodate sixty guests. Many of these are dentists who come to enjoy horseback riding, fishing, and hunting. Manager of the ranch is Doctor Pollock's son, Carlyle, Jr., also a dentist.



Portraits and Profiles

Of American Dentistry

By *Howard A. Hartman, D.D.S.*



At the public health luncheon held in Philadelphia are (left to right): Miss Julia Groscup, Chief Consultant of the Health Division of the Philadelphia Council of Social Agencies; Gerald D. Timmons, Dean of the School of Dentistry, Temple University, Philadelphia; and Charles F. Rossell, Jr., Dental Consultant to the Health Division of the City of Philadelphia Health and Welfare Council.



Left to right: Harold Hillenbrand, Chicago, Secretary of the American Dental Association; J. L. T. Appleton, Dean of the University of Pennsylvania School of Dentistry, Philadelphia; and Allen O. Gruebbel, Chicago, Secretary of the ADA Committee on Dental Health, attend the public health luncheon at the Greater Philadelphia Annual Meeting.

lunch, Ralph E. Creig (left), Cleveland, and Lester Taylor, M.D., President of the Cleveland Health Museum.



Min. of the Cleveland Health Museum.

★

Con. Herbert K. Cooper (left), member of the Advisory Health Committee of the Governor of Pennsylvania; and Rufus S. Reeves, M.D., Director of Public Health for the City of Philadelphia, at the public health luncheon in Philadelphia.



★

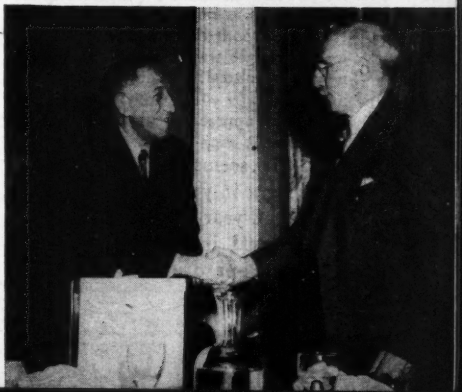
Anthony S. Gugino (left) and Edward F. Mimmack, faculty members of the University of Buffalo School of Dentistry, Buffalo, New York.



Hill. T. the ania mila. O. cre- tee end eon hia

★

S. Marshall Weaver (right) receives congratulations from J. V. Gentilly at a testimonial dinner given by the Cleveland Auxiliary of Delta Sigma Delta to honor Doctor Weaver for his contributions to his profession and his fraternity.



ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Putrescent Pulp

Q.—I have a patient, 8, with a fractured upper central and a putrescent pulp. The tooth was broken nearly six months ago; the dentine being exposed but not the pulp. Soreness and inflammation developed about a week ago, and I opened into the canal and later sealed in a creosote treatment. I am anxious to save this tooth; at least until the patient is old enough for a fixed bridge. The roentgenogram shows a wide, open canal and not quite complete root formation, but no apparent apical involvement.

Is penicillin better than creosote for treating a tooth like this? Would there be any simple way I could check for a negative culture? I do not have a microscope.

I shall appreciate any information you can give me.—E. J. S., Illinois.

A.—It seems to me you are quite right in your idea about saving your 8-year-old patient's maxillary central incisor. Formocresol has been our drug of choice for

putrescent pulp chambers for many years. If it is used with care not to allow any to seep through the apical foramen, it controls the infection without irritation to the periapical tissues.

It is desirable to run cultures to determine when the canal is sterile but if one uses care and time, one can usually fill a canal safely without the advantage of a microscopic examination of a culture.

We have not used penicillin so cannot answer your question about that; however, Grossman¹, a man of authority, treats the use of penicillin in a rather recent article.—
GEORGE R. WARNER.

Splitting Teeth

Q.—Please give me a thorough and complete procedure for splitting teeth, particularly those which are impacted. I use an impactor and hand chisels, and yet I have never successfully split a tooth in any surgical removal without first almost completely severing it with a bur.—E. V. L., Louisiana.

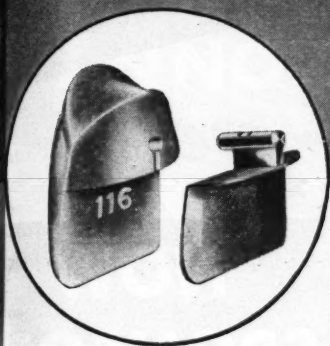
A.—Splitting teeth to facilitate their removal is a technique that is most difficult to describe. Doctor Boyd Gardner², of the Mayo Clinic, was one of the early men to use this technique, and he used it with unusual skill. He, and others, as you doubtless know, use an all-metal mallet with a bell-shaped head in line with the long axis of the handle. The success of the splitting of the tooth depends

¹Grossman, L. I.: Treatment of Infected Teeth with Penicillin, J.A.D.A. 37:141 (August) 1948.

²Gardner, B. S.: The Use of the Chisel and Mallet in the Extraction of Teeth. Abstract. Ortho. & Oral Surgery Int. J. 7:145, 1921.

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Formula show a reduction of 41.5% in caries incidence. Amm-i-dent is the *only* ammoniated dentifrice backed by controlled clinical studies. It uniquely incorporates a high concentration of urea (22.5%) together with dibasic ammonium phosphate (5%). The "duratized"* Py-co-pay brush (with Py-co-tip attached) assures maximum efficiency in safe dental cleansing and gum massage. • Your recommendation of this Py-co-pay—Amm-i-dent team to your patients will assure them maximum results in better oral health.

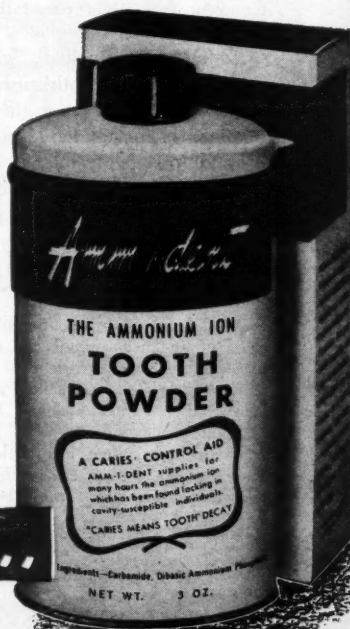
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better oral health...



Ingredients—Carbamide, Dibasic Ammonium Phosphate

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on the angle of the chisel and the type of the blow from the mallet.

Doctor W. W. Cogswell³, a well-known and most successful oral surgeon, routinely uses a No. 703 fissure bur in sectioning teeth, and then separates the portion to be split off with a thin-bladed elevator. Unless one is extremely skillful with the mallet and chisel, this technique is less shocking to the patient.—GEORGE R. WARNER.

Toothbrush Abrasion

Q.—I have a patient, a man 30, who is susceptible to gingival erosion; especially on the right side.

I have had him use alkaline tooth paste and mouthwashes, but this did not help.

I shall appreciate receiving all information regarding diet, tooth paste, and treatment that might retard this condition.—B. W. B., California.

A.—Most so-called gingival erosion is really toothbrush abrasion. I would venture a guess that this man is left-handed since right-handed people frequently cause gingival abrasion by vigorous cross-brushing principally on left cuspids and bicuspid.—V. CLYDE SMEDLEY.

Stridor Dentium

Q.—I have a patient, a woman 25 years of age, who grinds her teeth at night. She shows a history of having done this through high school and college, and now her husband is complaining from loss of sleep.

She is in excellent health though a little nervous. I checked her bite—apparently normal—but from the wear-

ing away of the cusps of the posterior teeth I would say that the bite is closed several millimeters. She has a few simple amalgam restorations and her third molars have been removed. She has been to physicians with this problem and they all prescribe a sedative or vitamins, none of which has helped. They have reached the point now of giving a sedative to her husband!

My question is: would an acrylic splint worn at night help? If so, will you please give me details on taking the impression and explain what precaution should be taken to keep her from dislodging the splint at night?—M. A. C., Texas.

A.—Grinding and gritting the teeth at night, known as stridor dentium, is not an uncommon affliction. The physician should examine carefully for all possible activating causes, such as disturbances of the gastro-intestinal tract and nervous system.

For local treatment of the difficulty, it has been our plan to make a vulcanite or acrylic splint to snap over the teeth of the upper jaw, covering all the teeth, and having this splint in good occlusion with the lower teeth, but having the surface that occludes with the lower teeth perfectly smooth. Two or more wire basket clasps will insure the retention of the splint, but should it become loose, it would be too large to get caught in the throat. The patients then can slide the lower teeth around on this splint without injuring the teeth or without making any noise. In some cases they have gotten out of the habit of grinding their teeth at night, and the splint has no longer been necessary.

³Cogswell, W. W.: Dental Oral Surgery, Colorado Springs. Out West Printing and Stationery. Distributed by DENTAL DIGEST, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



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I notice that Prinz and Greenbaum⁴ advise a splint of softer rubber in which the lower teeth fit into the splint and the splint clips over

the other teeth. This prevents any lateral movement of the lower jaw. I do not know how successful this would be, but it does not appeal to me as being as practical as the other type of splint.—GEORGE R. WARNER.

⁴Prinz, Herman; and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea and Febiger, 1935.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWER TO QUIZ LVIII

(See page 1055 for questions)

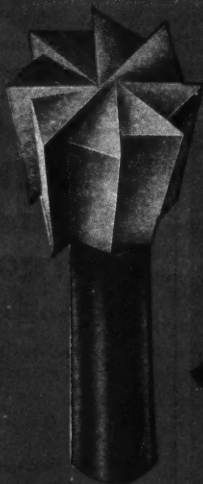
1. False. (Mustermann, H. W.: Principles and practice of X-Ray Technic and Interpretation, Brooklyn, Dental Items of Interest, 1945, page 119)
2. Ostectomy is the removal of a portion of the body of the mandible to shorten it; osteotomy is sectioning of the ascending rami of the mandible so that the whole mandible can be retracted to the decided position. (Sarnoff, Jacob, and Adelman, A.B.: Prognathism, DENTAL DIGEST 54:13 [January] 1948)
3. (c) a synthetic detergent. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 170)
4. (b) with both stone and porcelain under water. (Gill, J.R.: Simplifying Construction of Porcelain Veneer Crown, Amer. Col. Dent. 13:150:173 [September] 1946)
5. True. (Hill, T. J.: Oral Pathology, 3rd Edition, Philadelphia, Lea & Febiger, 1945, pages 65-70)
6. (b) weakened. (Simpson, R. L.: Extending the Period of Service of Fixed Bridge Prosthesis, Bul. Va. D.A. 23:33-38 [February] 1947)
7. (b) six. Outline form, retention and resistance form, convenience form, removal of any remaining carious dentine, finish enamel wall, and make the toilet of the cavity. (Tylman, S.D.: Crown and Bridge Prosthesis, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, page 191)
8. Their interlocking serves to unseat the dentures. (Schweitzer, J.M.: Restorative Dentistry, St. Louis, C. V. Mosby Company, 1947, page 355)
9. (a) social customs, (b) nutritional factors, (d) general physical status, and (e) oral hygiene of the individual. (Burket, L.W.: Oral Medicine, Philadelphia, J.B. Lippincott Company, 1946, page 39)
10. (c) four processes—zygomatic, frontal, alveolar, and palatine. (Robinson, Arthur: Cunningham's Textbook of Anatomy, 5th Edition, New York, Wood and Company, 1926, page 211)

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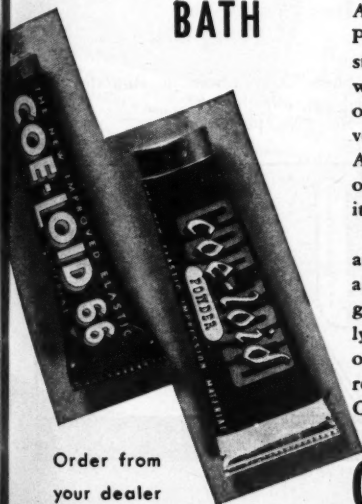
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Parson—"And why?"

Farmer—"Tell me —how did Noah get these into the Ark?"

During the silence of a twenty-minute bus stopover, a man, accompanied by his young son, found a seat behind the driver. The youngster, bursting with pride, was carefully carrying a covered box.

"Dad," he asked, "is my kitten a man kitten or a lady kitten?" Everyone on board listened hopefully.

"A man kitten," said Papa promptly. "How d'you know?" the boy persisted.

One could have heard a pin drop as the father promptly replied: "Well, he has whiskers, hasn't he?"



A golfer was up before a magistrate for beating his wife. His lawyer was pleading his case: "My client is a much maligned man. His wife is constantly nagging him and driven to desperation, he beat her into silence with a golf club."

The magistrate, with renewed interest, asked: "In how many strokes?"



Mother: "Jane, where have you been until 3 A.M.?"

Jane: "Walking, mother."

Mother: "For goodness' sake!"

Jane: "Yes, mother."

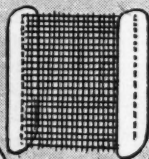


She: "Do you want to stop the car and eat, sweetheart?"

He: "No, pet."

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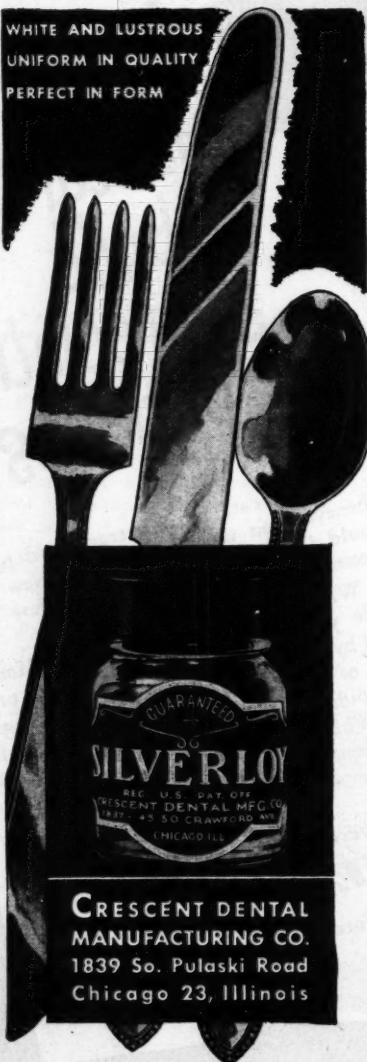
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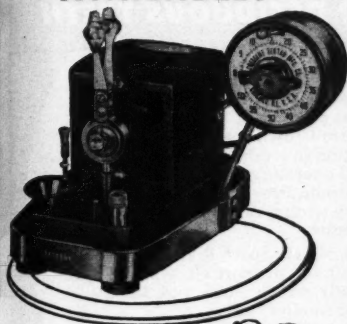
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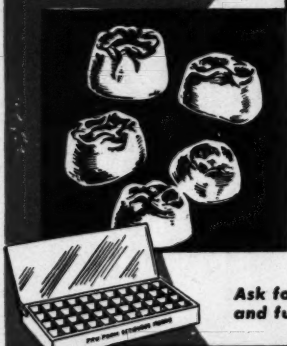
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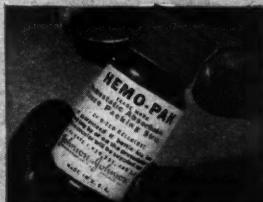
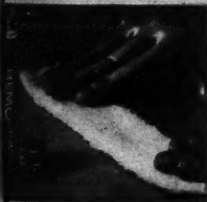
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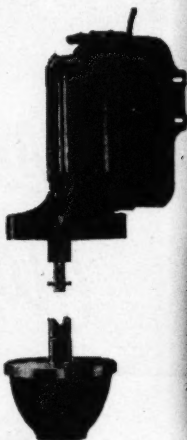
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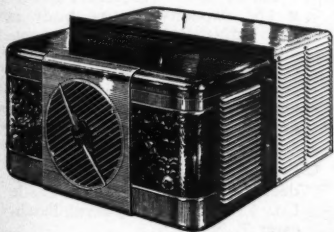
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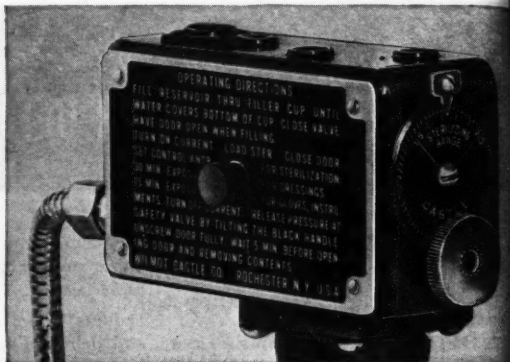
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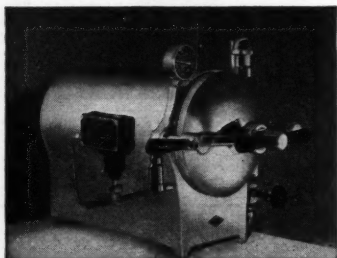
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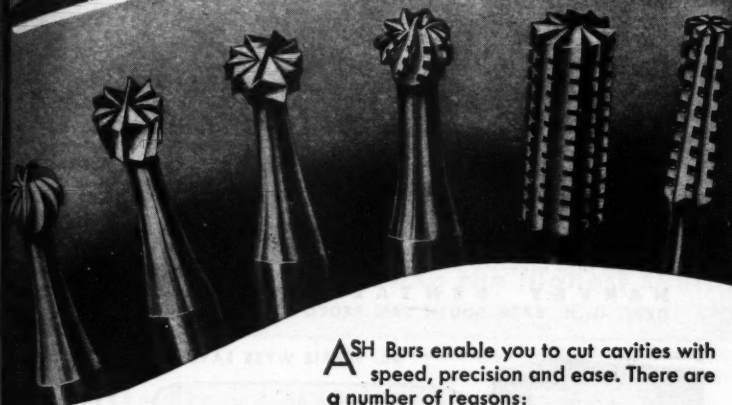
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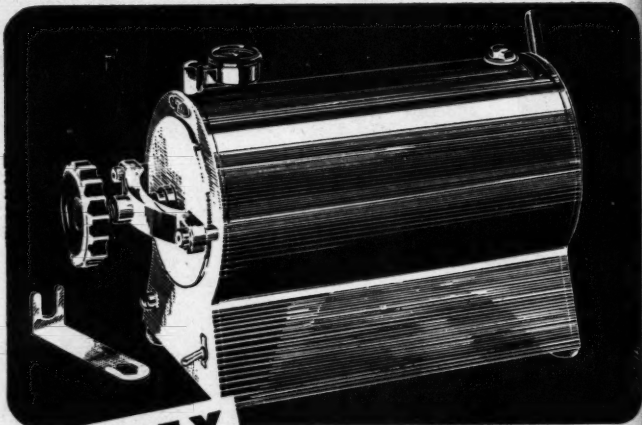
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**DENTISTS TELL US
"IT'S AMAZING"**

**PLASTO-FILLING
A MOUTH CURING ACRYLIC
FOR DIRECT
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**DOES NOT
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(No Cavity Lining Needed
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For all type fillings wherever porcelain is used: Restorations • Jacket crowns • Facings • Replacing broken teeth • Inlays • Constructing small splints in mouth • Direct or Indirect.

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- **WILL NOT IRRITATE PULP.**
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MORE and more dental colleges, their students and faculties are indorsing the Rota-Seat technique every day. They realize it's an old fashioned idea to think a dentist has to stand up to do his work. Dentists are adopting this new "sit-down" method and are doing better work, getting closer to the patient, and are feeling as fresh and relaxed at the end of the day as when it began.

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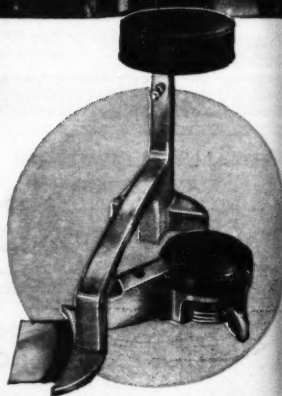
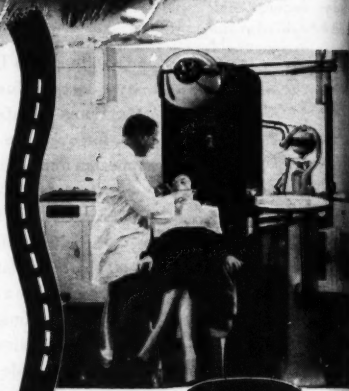
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1-lb. Package Acrylic \$5
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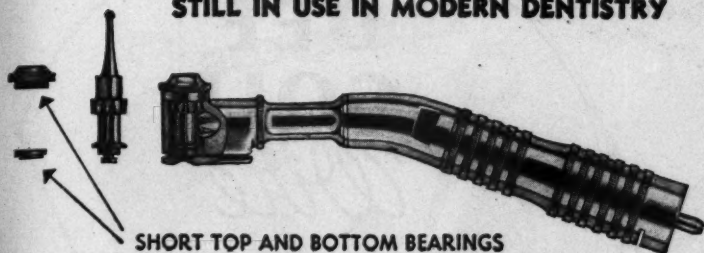
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**Citrus fruits—among the richest known sources of vitamin C—also contain vitamins A, B₁ and P, readily assimilable natural fruit sugars, and other factors such as iron, calcium, citrates and citric acid.*

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Oranges • Grapefruit • Tangerines



REFERENCE

1. Bridges, M. A. *Dietetics for the Clinician*, Lea Febiger, 4th ed., 1947.
2. Gordon, E. L. *Nutrition and Vitamin Therapy in General Practice*, Year Book Pub. Co., 3rd ed., 1947.
3. Rose, M. A. *Rose's Foundation of Nutrition*, rev. by MacLean & Taylor, Macmillan, 4th ed., 1944.
4. Schnurman, A. G.: *Virginia Med. Monthly*, 74:21, 1947.
5. Sherman, H. G. *Chemistry of Food and Nutrition*, Macmillan, 7th ed., 1946.

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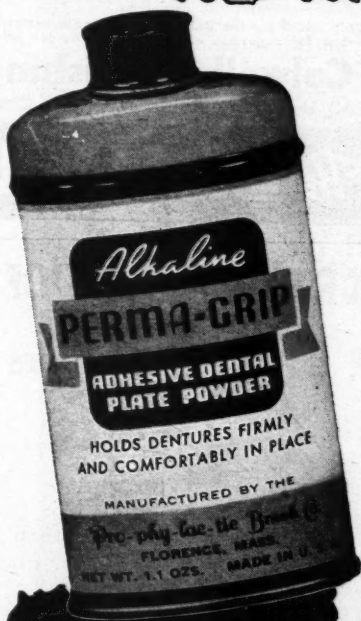
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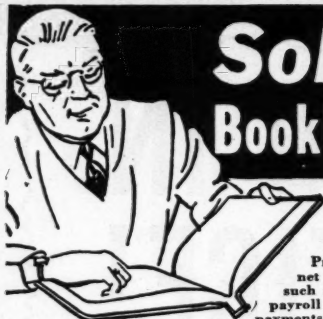
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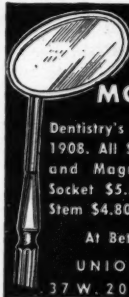
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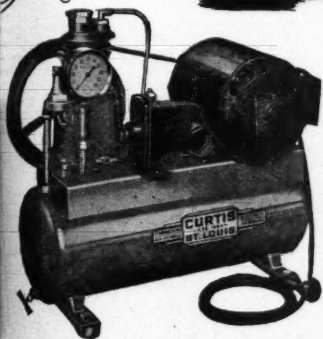


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Authoritative figures from a national survey make it possible to picture a typical denture wearer.

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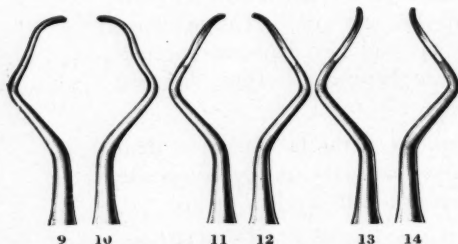
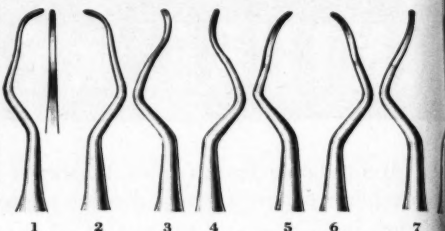
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They are used with a pull or push cut and are especially for curetting the soft tissue alveolar process and bone.

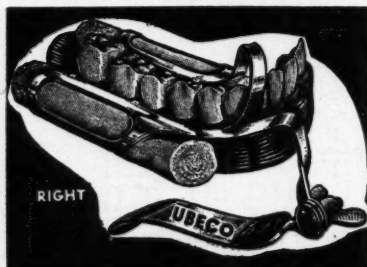
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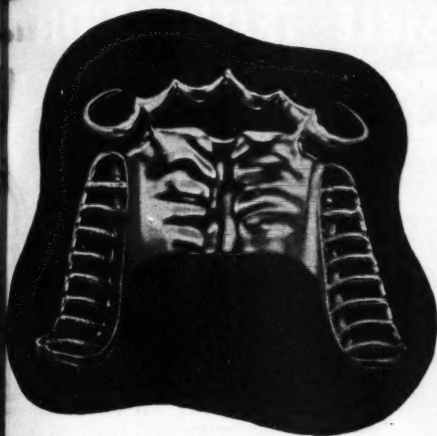
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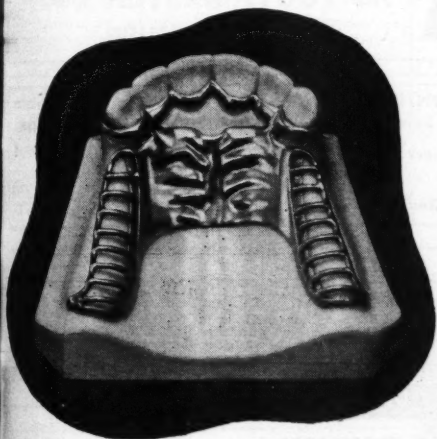
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Comfortable restorations begin with foundations of platinum-palladium-golds. Their lasting resilience protects the perfect fit of your work.

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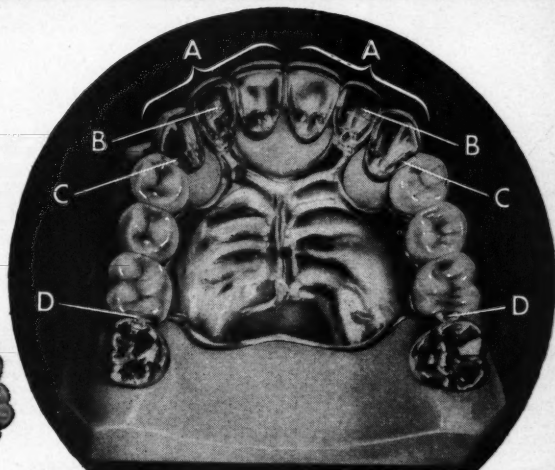
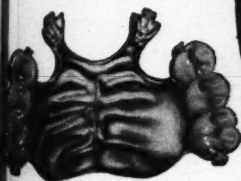
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PARTIAL DENTURES

CASE E

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A combination of fixed bridgework and precision attachments.

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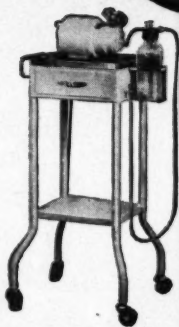
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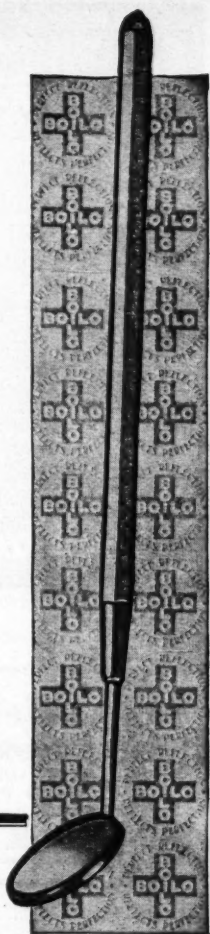
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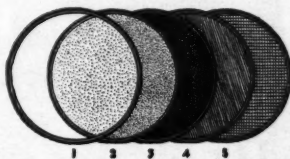
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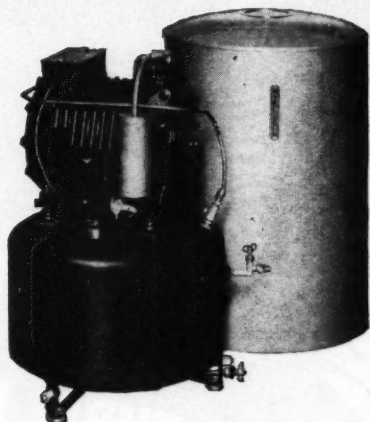
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**feature *Quietness* and
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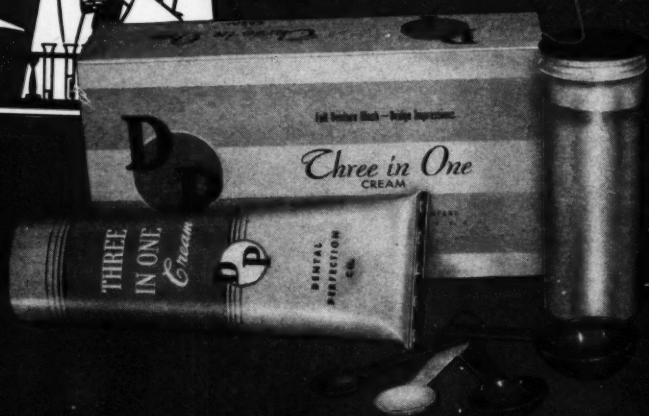
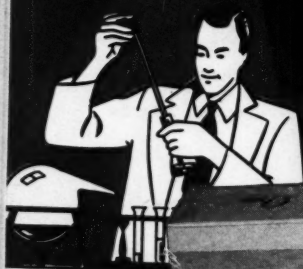
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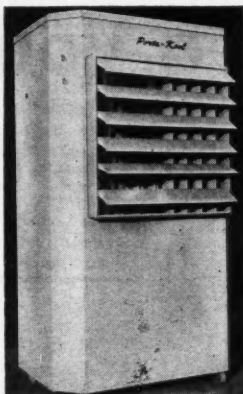
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Here is an economical, convenient, efficient, and attractive portable cooler with many proven advantages over stationary units. With the

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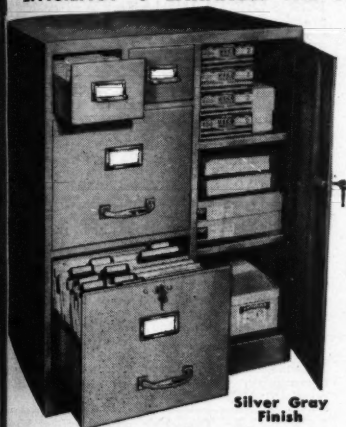
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Keep ALL YOUR RECORDS under fingertip control • INCREASES EFFICIENCY • ENHANCES THE OFFICE • A TREMENDOUS VALUE!



Silver Gray
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Width 27", Height 33½", Depth 16"
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send no money. If you don't agree with us that this is the most useful cabinet you have ever seen regardless of price, return it and owe us nothing.

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Standard equipment includes lock and key on storage part of unit . . . FOB New York City.

Compact, sturdy all-in-one steel unit, containing:—

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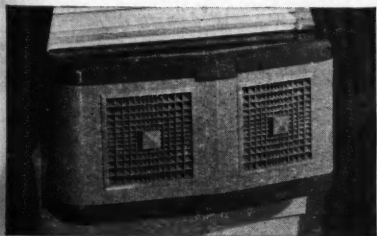
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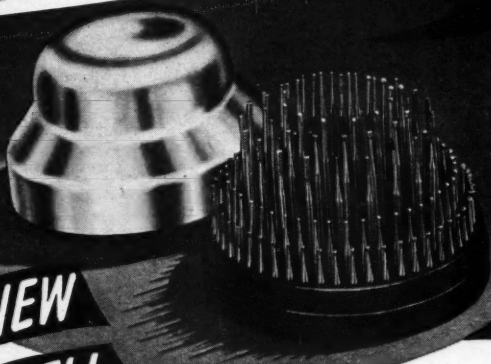
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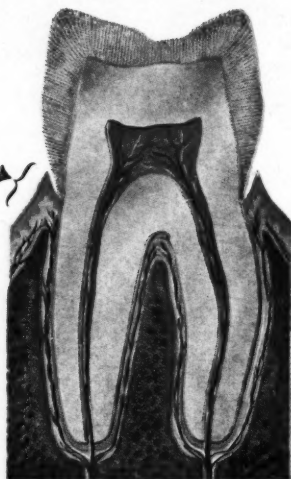
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